
FOOD ALLERGY ACTION PLAN

(Adapted from The Food Allergy and Anaphylaxis Network)

ALLERGY TO: _____

Student's

Name: _____

D.O.B.: _____ Teacher: _____

Asthmatic Yes* ☐ No ☐ *High risk for severe reaction

Place
Child's
Picture
Here

• SIGNS OF AN ALLERGIC REACTION •

Systems:

• MOUTH

• THROAT*

• SKIN

• GUT

• LUNG*

• HEART*

Symptoms:

itching & swelling of the lips, tongue, or mouth.

itching and/or a sense of tightness in the throat, hoarseness, and hacking cough.

hives, itchy rash, and/or swelling about the face or extremities.

nausea, abdominal cramps, vomiting, and/or diarrhea.

shortness of breath, repetitive coughing, and/or wheezing.

“thready” pulse, “passing out.”

The severity of symptoms can quickly change.

*All above symptoms can potentially progress to a life-threatening situation.

1. If ingestion is suspected and/or symptoms are:

Give _____ IMMEDIATELY!

medication/dose/route

Then call:

2. Ambulance or emergency medical care (911) (ask for advanced life support)

3. Parent/Guardian _____,

or emergency contacts (next page)

4. Dr. _____ at _____

DO NOT HESITATE TO CALL 911!

Parent/Guardian's Signature _____ Date _____

School Nurse Signature _____ Date _____

School Nurse's Phone Number _____

Medication order from a licensed provider on file. ☐ YES ☐ NO

EMERGENCY CONTACTS

1. _____

Relationship: _____

Phone: _____

2. _____

Relationship: _____

Phone: _____

3. _____

Relationship: _____

Phone: _____

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

Room _____